

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name DAVIS THAYER	Date 9-7-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 137 WEST CENTRAL ST	Risk Level	Permit No.	
Telephone 508-541-5263	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Out:		
Inspector Ginny McNeil			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking

590.009 (E) ☐

Non-compliance with:

Tobacco

590.009 (F) ☐Local Law ☐Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving / Condition☐ 6. Tags / Records / Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

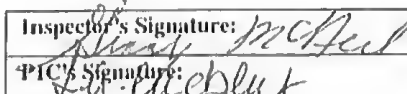
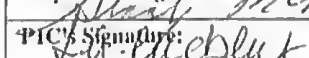


Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Inspector's Signature: 	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature: 	Print: Lilly Buckley	

2

Date
Verified

[illegible]

THE COMMONWEALTH OF MASSACHUSETTS

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name Davis Thayer	Date 3-12-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 137 West Central St.	Risk Level	Permit No.	
Telephone 508-541-5263			
Owner	HACCP Y/N		
Person in Charge (PIC) Lilly	Time In:		
Inspector Ginny McNeil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature Ginny McNeil	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature Lilly Buckley	Print: Lilly Buckley	

Franklin
BOARD OF HEALTH

Establishment Name: Davis Thayer

Date: 3-12-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
----------	----------------	-----------------------------------	--	---------------

-			HANDSINK CLEAN AND PROPERLY STOCKED WITH SOAP & PAPER TOWEL	
---	--	--	---	--

			POACH IN 3' x 3' - ALL FOODS PROPERLY STOCKED	
--	--	--	---	--

-			ALL REFRIGERATION IN DINING AREA - GOOD	
---	--	--	---	--

-			MICK COLLECT - 3' x 3'	
---	--	--	------------------------	--

-			DISH WASHING MACHINE 180°	
---	--	--	---------------------------	--

-			DRY STORAGE AREA	
---	--	--	------------------	--

			ALL FOODS PROPERLY STOCKED ON SHELVING	
--	--	--	--	--

			SEWAGE LILLY BUCKY 4-7-2021 AVERGON 6/17/2022	
--	--	--	---	--

-			Observed ALL EMPLOYEES WITH PROPER HAND WASHING & RUBING	
---	--	--	--	--

--	--	--	--	--

--	--	--	--	--

Discussion With Person in Charge:

			OVERALL GREAT JOB!	
--	--	--	--------------------	--

--	--	--	--	--

--	--	--	--	--

Corrective Action Required:

☒ No

☐ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

TOWN OF FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name FRANKLIN HIGH SCHOOL	Date 10-9-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 218 OAK ST	Risk Level	Permit No.	
Telephone 541-2100			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector Ginny Munkil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☒ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

COMPLETED
10-9-18

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature Ginny Munkil	Print: Ginny Munkil	Page <u>1</u> of <u>2</u> Pages
PIC's Signature Colin Boive	Print: Colin Boive	

FERNICIN
BOARD OF HEALTH

Establishment Name: FERNICIN MILK STORE

Date: 10-9-18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
35			HANDS/NE PROPERLY STOCKED WITH SOAP & PAPER TOWELS - AREA AROUND SINK REQUIRES MORE DETERGENT DISH MACHINE RINS 180° - GOOD	
-			3-BAY SINK WITH PROPER SANITIZER	
-			SANITIZER BUCKETS AVAILABLE	
35	OK		WALL IN -3 - OBSERVED ICE BUILD UP ON FLOOR & CEILING WALL IN 35 - ALL FOOD PROPERLY STORED	
-			DRY STORAGE AREA - OK	
-			ICE MACHINE CLEAN WITH SCOOP PROPERLY STORED	
35	OK		SELF SERVICE SINKS FAULTS REQUIRES A THERMOMETER	
-			ALL KNIVES IN KNIFE CASE CLEAN	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT ?	
			GLOVE USE	
			CASE	
			DISCOUNT CASE 40	
-			ALL REFRIGERATION AT PROPER TEMPERATURE	
			(15) OBSERVED CHEMICAL SODAS BOTTLES WITHOUT PROPER LABELING	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<u>WELSH CROST DOR!</u> <input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other		

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name Franklin High School	Date 4-4-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 218 Oak St.	Risk Level	Permit No.	
Telephone 541-2100	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector Ginny McNeil			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
 Local Law ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature Ginny McNeil	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature Carol	Print: Carol Boisvert	

Date: 4-4-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDSINKE CUPEN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			DEV STEAKS AREA - ALL FOODS PROPERLY STOCKED AND SHOWN IN	
			WALK IN 34° ? OBSERVED ICE ON FLOOR -4° J	
			DISHWASHER 189° - COLD	
-			SMITIZER AVAILABLE WITH PROPER SANITIZER	
			ALL REFRIGERATION AT PROPER TEMPERATURES	
-			ICE MACHINE CLEAN WITH SCAL PROPERLY STOCKED	
-			CHICKEN REMAINS SERVING 4-15-20 - OBSERVED 11-12-2020	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND WASHING & GLUE USE CASE	
-			ALL REFRIGERATION AT PROPER TEMPERATURE	
-			DISINFECT CASE 33°	
			HANDSINK WITH SOAP & PAPER TOWELS	

Corrective Action Required:

☐ Yes☒ Voluntary Compliance

☐ Employee Restriction /

☐ Emergency Suspension

☐ Emergency Closure

Other

TOWN OF FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name	HORACE MANN / OAK ST	Date	9-12-18	Type of Operation(s)	Type of Inspection
Address	224 OAK ST	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	508-541-6230			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner		HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC)				<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Ginny McNeil	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☒ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☒ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

2

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page 1 of 1 Pages
PIC's Signature: <i>Shelly Mallory</i>	Print: <i>Shelly Mallory</i>	

Establishment Name: HOAGE MANU DAK ST Date: 9-13-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
		(13)	HANDSINK REQUIRES PAPER TOWELS	
			DISH MACHINE RINSE 180' - Cold	
			ICE MACHINE CLEARED WITH SCOR PROPERLY STORED.	
29			ASSEMBLED ROLL OF PAPER TOWELS ON COUNTER - TOWELS MUST BE STORED IN A SANITARY DISPENSER	
			SANITIZER RICKET WITH PAPER SANITIZER	
			OBSERVED EMPLOYEES WITH PROPER HAND RESTRAINTS & GLOVES USE	
			SEWAGE & BLEACHED UTILITY - COLD	
			WASH IN 34' ? ALL FEELS PROPERLY STORED	
			DEW STORAGE AREA	
			ALL FOOD PROPERLY STORED ON SHELVING	
		(15)	OBSERVED CHEMICAL SPECIM BOTTLE WITHOUT PROPER LABELING	
			ALL REFRIGERATION AT PROPER TEMPERATURE	
			ALL CUPPER PROPERLY STORED	
Discussion With Person in Charge:				
			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name Horace Mann / Oak St	Date 3-14-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 224 Oak St	Risk Level	Permit No.	
Telephone 508-541-6230			
Owner	HACCP Y/N		
Person In Charge (PIC)	Time In:		
Inspector Ginny McNeil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Shelly Mollay</i>	Print: <i>Shelly Mollay</i>	

Establishment Name: Horse Man / Oak St Date: 3-17-19 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
-			HANDSINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			DISHMACHINE RINSE 180° - EXCELLENT	
-			MILK CHEST 35°	
-			ICE MACHINE CLEAN WITH SCOOP PROPERLY STOCKED	
-			SANITIZED BUCKETS WITH PROPER SANITIZER	
35			MICROWAVE REBATES CLEANING INSIDE	
-			ALL KNIVES IN KNIFE RACK CLEAN	
-			SEWERABLE RACHING MOCLEY 3/14/20 ALLERGEN 11/10/20	
49			WALK IN 36" - OBSERVED CARDBOARD LINING SHELF USED TO STORE VEGETABLES - CARDBOARD IS NOT ALLOWED AS IT MUST BE EXPIRY CLEANABLE	
-			WALK IN FREEZER. -5° - ALL FOODS PROPERLY STOCKED	
-			DAY STORAGE AREA	
-			ALL FOOD PROPERLY STOCKED ON CLEAN SHELVING	
-			OAK ST SIDE TRUE	
35			BOTTOM SHELF OF RACK IN FRIDGE (OAK ST) REQUIRES CLEANING	
-			MILK CHEST 39°	
-			ALL CUTLERY PROPERLY STOCKED	
-				
-				
-				

Discussion With Person in Charge:

Corrective Action Required:

☐ No

☒ Yes

☒ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF REMINGTON

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name JEPPERSON / REMINGTON	Date 10-3-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 628 WASHINGTON ST	Risk Level	Permit No.	
Telephone 541-2130 X 1046	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Out:		
Inspector Ginny McNeil			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking Tobacco

590.009 (E) ☐ 590.009 (F) ☐Local Law ☐Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving / Condition☐ 6. Tags / Records / Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection☒ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer AdvisoriesCorrected
10-3-18

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>[Signature]</i>	

Page: 2 of 2

Date: 10-3-18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
-			HANDSINK QUEN 4 PROPERLY STOCKED WITH SOAP 4 PAPER TOWELS		
-			3-6 RAY SINK WITH PROPER SANITIZER		
-			SANITIZER SPRAY AVAILABLE		
-			WALL IN 8' 7" ALL FLOORS PROPERLY STOCKED 316		
-			DRY STORAGE AREAS - OK.		
-			9 JETTERSON. DUST MACHINE RINSE 178" - MUST BE MIN 180" - DO NOT USE UNTIL MACHINE RINSE IS 180"		
-			REMOVED DUST MACHINE RINSE 180" - EXCELLENT		
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT 4 GLOVE USE		
-			SEGWATE SHAMON DELIVERY 8/27/2021		
Discussion With Person in Charge:			Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

THE COMMONWEALTH OF MASSACHUSETTS

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name Jefferson / Remington	Date 4-3-19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 628 Washington St	Risk Level	Permit No.	
Telephone 541-2130 X 1040	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Out:		
Inspector Ginny McNeil			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature Ginny McNeil	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature Baro Delaney	Print: Baro Delaney	

Jefferson / Remington School

Date: 4-3-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDS IN GLOVES & PROPERLY STOCKED WITH SOAP PAPER TOWELS WASH IN 10" & ALL FOODS PROPERLY STORED & LABELED 40°	
-			SANITIZER SPRAY AVAILABLE ALL REFRIGERATION AT PROPER TEMPERATURE	
-			DRY STORAGE AREA ALL FOOD PROPERLY STORED ON GROUND SURVIVE	
			SEWAGE SHALL REMAIN 3/27/2021 - ALLERGENS CERTIFICATE	
			DISHWASHER - SELECTION - RINSER 180° - GOOD Remington Rinsc 150 - GOOD	
			OBSERVED ALL EMPLOYEES WITH PROPER HAND WASHING 9 (20VE USE	

Discussion With Person in Charge:

Corrective Action Required:

☒ NO

☐ Yes

Nellie Craft July 1

☐ Voluntary Compliance

☐ Employee Restriction /

☐ Re-inspection Scheduled

☐ Emergency Suspension

Embargo

 Emergency Closure

☐ Voluntary Disposal

Other

THE COMMONWEALTH OF MASSACHUSETTS

Town of FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>KELER / SULLIVAN SCHOOL</u>	Date <u>10-2-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>500 LINCOLN ST</u>	Risk Level	Permit No.	
Telephone <u>553-0332</u> X <u>3672</u>	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Out:		
Inspector <u>Ginny McNeil</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Barbie Corsi</u>	Print: <u>Barbie Corsi</u>	

Keller / Jilivand

Date: 10-2-18

Page: 7 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
-			HANDSINK Clean & PROPERLY STOCKED WITH SOAP & PAPER TOWELS		
			3-BAY SINK WITH PROPER SANITIZER		
			SERVICE AREA		
-			ALL RECEPTIONIST AT PROPER TEMPERATURE		
			KITCHEN		
			ALL KNIVES IN KNIFE RACK CLEAN		
25			WAPAK IN 40' - 10 OBSERVED ICE BUILT UP ON FLOOR.		
			38' >		
			SENIOR BARBARA COSI expires 1/15/2021		
23			MUST POST ALLERGEN AND		
			DISH MACHINE RINSE 180° - GOOD		
			DRY STORAGE AREA		
			ALL FOODS PROPERLY STORED AND SHELVING		
27			WAPAK IN 2.6' < FLOOR REQUIRES JUMPING INSIDE		
			- 1.7' >		
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINTS		
			9 FLOOR DISC		
Discussion With Person in Charge:					
			OVERALL GREAT JOB!		

Corrective Action Required:			No	Yes
<input checked="" type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	Employee Restriction / Exclusion	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension	
<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure	
<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other	

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Keller / Sullivan School	Date	4-2-19	Type of Operation(s)	Type of Inspection
Address	500 Lincoln St St.	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	553-0353 X 3672			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner		HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		Time In:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Ginny McNeil	Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking Tobacco

590.009 (E) ☐ 590.009 (F) ☐Local Law ☐Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Barbara Corsi</i>	Print: <i>Barbara Corsi</i>	

Establishment Name: Keller / Sullivan School Date: 4-2-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
----------	----------------	-----------------------------------	--	---------------

24			Automatic hand sink near 3-BAY SINK with no hot water / must repair	
			3-BAY SINK WITH PAPER SANITIZER	
			Multiple School Service Area -	
25			Observed (3) Delfield units leaking (observed dripping 2 pitcher inside to catch dripping) - must repair ASAP	
			WALK IN 40° & 35° - ALL FOODS PROPERLY STORED	
26	OK		SERVSAFE 1-15-2021 - Benjamin Cohen - MUST PASS AGAIN	
			DISINTEGRATE RINSE 181° - GOOD	
			Elementary School Area -	
			All refrigeration at proper temperature	
27	OK		Observed roll of paper towels on counter in cafeteria - must store in a sanitary dispenser	
			Dry Storage Area	
			All food properly stored on shelving	
			Observed the employees using proper hand techniques	
			Prove use	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
-----------------------------------	-----------------------------	-----------------------------	---

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name KENNEDY SCHOOL	Date 9-14-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 551 POND ST	Risk Level	Permit No.	
Telephone 528-2048 X 203			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector Ginny McNeil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving / Condition☐ 6. Tags / Records / Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Ginny McNeil	Print: Ginny McNeil	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: Kathy Valentine	Print: Kathy Valentine	

Establishment Name: KENNEDY School Date: 9-14-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
1			HANDSOME CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
25			OBSERVED FOOD STORED IN MILK COOLER - BEING STORED IN MILK COOLER BECAUSE REFRIG IN REFRIGS WERE BROKE MUST REPAIR REFRIG IN FRIDGE ASAP	
			3-BAY SINK WITH PROPER SANITIZER.	
			SERVSAFE Kathleen Valentine expires 4/7/2021 Kathleen Meschery 8/24/2021.	
23			Allergen cartboards repaired.	
			OBSERVED EMPLOYEE WITH PROPER HAIR RESTRAINT & Glove Use	
			ALL REFRIGERATION AT PROPER TEMPERATURE	
			ALL STORAGE AREAS	
			ALL FOODS PROPERLY STORED	
Discussion With Person in Charge:				
Corrective Action Required:			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Franklin

Board of Health

Tel. 520-4905**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>KENNEDY SCHOOL</u>	Date <u>3-8-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>551 POND ST</u>	Risk Level	Permit No.	
Telephone <u>528-2048</u> x <u>203</u>			
Owner	HACCP Y/N		
Person In Charge (PIC)	Time In:		
Inspector <u>Garry McNeil</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
 Local Law ☐
 Allergen Awareness 590.009 (G) ☒

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Garry McNeil</u>	Print: <u>Garry McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Kathleen A. Valentini</u>	Print: <u>Kathleen A. Valentini</u>	

Establishment Name: KENNEDY SCHOOL Date: 3-8-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
1			HANDS.NK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
25			FOOD IN Fridge WITH BAKERY ITEM & SOAP DISINFECTANTS - BOTTOM SHELF REQUIRES CLEANING	
35			OBSERVED MILK COOLER WITHOUT A THERMOMETER	
45			BOTTOM SHELF OF BEVERAGE AIL REQUIRES CLEANING	
			SANITIZER SPRAY AVAILABLE	
			SEKSUSE KATHLEEN VERNITINE 4/7/2021	
			KATHLEEN MESHUWITZ	
			MUST POST MA ALLERGEN CERTIFICATE	
			DRY STORAGE AREA	
			ALL GOODS PROPERLY STOCKED ON CLEAN SHELVING	
			3- BAY SINK WITH PROPER SANITIZER	
			WELL	
			OBSERVED EMPLOYEES WITH PROPER HAND WASHING	
			9 GAVE USC	
Discussion With Person in Charge:			Corrective Action Required:	
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Other	

Town of FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name TRI-COUNTY SCHOOL	Date 9-19-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 147 POND ST	Risk Level	Permit No.	
Telephone 508-528-5400			
Owner	HACCP Y/N		
Person In Charge (PIC) Angela	Time In:		
Inspector Ginny McNeil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking Tobacco
590.009 (E) ☐ 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: Ginny McNeil	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature: A. Gregoire	Print: Angela Gregoire	

FRANKLIN

Establishment Name: TRU-COUNTY SCHOOL

Date: 9-19-18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDSOME CEMENT 4 PROPERLY STOCKED WITH SOAP	
-			POPE TRUCK	
-			SUCKER IN USE	
-			FRONT KITCHEN AREA	
-			MISC FILLING 3rd	
-			3-BAY SINK WITH PROPER SANITIZER	
-			WALK IN 0' 2" ALL FOODS PROPERLY STOCKED	
-			34"	
-			MY STORAGE ROOM	
-			ALL FOOD PROPERLY STOCKED AND SHELVING	
-			SANITIZER, SOAP AVAILABLE	
-			ALL RESTAURANT AT PROPER TEMPERATURE	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINTS	
-			GLOVE USE	
-			ALL LOGS UP TO DATE	

Discussion With Person in Charge:

OVERALL GREAT JOB!

Corrective Action Required:

☐ Voluntary Compliance ☐ Employee Restriction / Exclusion
☐ Re-inspection Scheduled ☐ Emergency Suspension
☐ Embargo ☐ Emergency Closure
☐ Voluntary Disposal ☐ Other

☒ No ☐ Yes

THE COMMONWEALTH OF MASSACHUSETTS

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Tri-County School</i>	Date <i>3-21-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>147 Pond St</i>	Risk Level	Permit No.	
Telephone <i>508-528-5400</i>			
Owner	HACCP Y/N		
Person In Charge (PIC) <i>Angela</i>	Time In:		
Inspector <i>Gunny McNeil</i>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

2

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Gunny McNeil</i>	Print: <i>Gunny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Angela Gregoire</i>	Print: <i>Angela Gregoire</i>	

Establishment Name: TR1 County School

Date: 3-21-19

Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
-			HAND SINK CUBES & PREPARE STOCKED WITH SOAP & PAPER TOWELS	
-			WASH IN A - ALL FOODS PROPERLY STOCKED	
-			ALL FOODS PROPERLY STOCKED ON SHELVING	
-			ALL REFRIGERATION AT PROPER TEMPERATURE	
-			3-BAY SINK WITH PROPER SEPTIC	
-			SANITIZER BUCKET AVAILABLE	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT & GLOVE USE	
-			ALL UTENSILS INDIVIDUALLY WRAPPED	
-			SPACE IN 38' - ALL FOODS PROPERLY STOCKED & LABELED	
-			SERVISARE AMERICA GREGARIO 3/16/18 ALHAGIN 2/2/21	

Discussion With Person in Charge:

Corrective Action Required:

☒ No

☐ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

THE COMMONWEALTH OF MASSACHUSETTS

Town of Franklin

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Parmenter</u>	Date <u>3-13-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>135 Wachusett St.</u>	Risk Level	Permit No.	
Telephone <u>508-541-5281</u>			
Owner	HACCP Y/N		
Person In Charge (PIC) <u>Ann Marie Williams</u>	Time In:		
Inspector <u>Garry McNeil</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Garry McNeil</u>	Print: <u>Garry McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: <u>Ann Marie Williams</u>	

Establishment Name: Parmater School

Date: 3-13-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HAND SINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			WALK IN 38" } ALL FOODS PROPERLY STOCKED & LABELED -16" }	
-			REFRY IN 34"	
-			3-BAY SINK WITH PROPER SANITIZER	
25			CAN OPENER WITH GEARBOX SUBSTANCE - MUST CLEAN & SANITIZE	
-			MILK CUPPER 35"	
-			DISH MACHINE RINSE 131° - EXCELLENT	
-			SANITIZER SPRAY AVAILABLE	
-			DRY STORAGE	
-			ALL FOOD PROPERLY STOCKED AND SHELVING	
-			SEKUSATE AND MAKE WILLIAM 5/35/2011	
-			MUST POST ALLERGEN CERTIFICATE	
Discussion With Person in Charge:				
			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

TOWN OF FRANKLIN

Board of Health

Tel. 520-4905

FOOD ESTABLISHMENT INSPECTION REPORT

Name PARMENTER	Date 9-11-18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 135 WACHUSETT ST	Risk Level	Permit No.	
Telephone 508-541-5281			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector Ginny McNeil	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☒
Allergen Awareness 590.009 (G) ☒

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☒ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature <i>Ann Marie Williams</i>	Print: <i>Ann Marie Williams</i>	

Franklin
BOARD OF HEALTH

Establishment Name: PARMENTER School Date: 9-11-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			HANDSOME CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
			UPPER IN 34" - ALL FOODS PROPERLY STOCKED	
25			FREEZER - 5" - OBSERVED ICE & ICE TRAY ON FLOOR - MUST SWEEP	
			DAY STORAGE AREA	
			ALL FOOD PROPERLY STOCKED ON SHELVING	
			3-BAY SINK WITH PROPER SANITIZER	
			REACH IN 34" - ALL FOODS PROPERLY STOCKED	
			DISH MACHINE RINSE 180° COLD	
			OBSERVED MILK COOLER WITH WATER & RUST ON BOTTOM	
			REFO TEMPERATURE 43.5° - MUST REPAIR / REPLACE TEMP	
			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT	
			& GAVE USE	
			ALLERGEN EXPIRED 7/11/2016 - MUST REMOVE	
			SEWAGE AND MATEL ILLICIT 5/25/2018	
Discussion With Person in Charge:				
Corrective Action Required:			<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other	